STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001121	A. BUILDING **01 - BLDG** B. WING _____	R **03/25/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHWEST SURGICAL SUITES	**7920 W JEFFERSON BLVD STE 210** **FORT WAYNE, IN 46804**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 12/10/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 03/25/15 Facility Number: 003212 Provider Number: 15C0001121 AIM Number: 200413500A Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, the Southwest Surgical Suites was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 21, Existing Ambulatory Health Care Occupancies. This facility is located in a suite on the second floor of a two story building, was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the ventilation ducts. The facility has elected to utilize Categorical Waivers pertaining to clean waste and patient record recycling containers, corridor projections for wheeled equipment, combustible decorations, medical gas alarms, relative humidity levels in anesthetizing locations and power strip use in patient care areas.	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 1 Quality Review by Dennis Austill, Life Safety Code Specialist on 03/26/15.	{K 000}		